

Family Empowerment Scale Administration Procedures – August 2003

This 34-item instrument was developed by the Research and Training Center (Koren, DeChillo, and Friesen) on Family support and Children's Mental Health at Portland State University. Its purpose is to assess parent/caregiver perceptions about their roles and responsibilities within their local service systems and their ability to advocate on behalf of their child. The FES scoring procedure is based on a simple, unweighted summation of the items, resulting in sum scores in each of the following areas of parent/caregiver empowerment: Family, Service System and Community/Political. The FES is a simple, basic tool designed to be administered with minimal training.

ADMINISTRATION:

Who completes the instrument?

The Family Empowerment Scale (FES) is completed by the parent/caregiver who is most involved in the treatment planning process. The parent may complete the questionnaire with or without assistance, as needed. It is important that the answers reflect the parent's perceptions.

How to complete the instrument?

For each of the 34 questions, the parent will respond to each statement on a scale of 1-5 (1=Not true at all; 2=Mostly not true; 3= Somewhat true; 4= Mostly true; 5=Very true). When first introducing the questionnaire to a parent, be sure they understand how to read and consider each statement, and choose only one response. Remind them to answer all of the questions. However, if a certain question causes the parent undue distress, it is okay to skip that one and go the next one.

Effective strategies to increase quality and quantity of FES responses

It is not advisable that the questionnaire be left with the parent to complete and mail in later. Response rates decline dramatically when using this strategy. It is instead preferred that the FES is given to the parent to complete while the case manager is present.

Be prepared to help a parent when they are struggling between two choices on the scale. Only one answer per question. If they are torn between answers on the extreme of the scale (between 1 and 2 or between 4 and 5) it will probably be the 2 or the 4, because the 1 and 5 are absolutes (Not true at all and Very true) and as such, if they are torn it is probably not an absolute. If torn between the middle numbers (2,3 and 4) you can help the parent talk it through, while reminding them that there are no "right" or "wrong" answers.

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A strategy for administering the FES most effectively is for the case manager and the parent/caregiver to each have their own copy. The case manager can then follow along with the parent as they complete it to provide technical assistance, clarification of specific questions and their meaning, and to promote health dialogue between the case manager and the parent/caregiver. By reading the first few questions aloud and doing them together, the case manager is better able to ascertain the level of assistance the parent may need. In some cases, the case manager will read aloud all of the questions.

It is not advised to read the questions aloud in front of the child. If the parent needs the questions read aloud, and it is not possible to do so without the child hearing, a telephone interview later might be a better solution.

Schedule of Administration of FES on birth – 18(*): The initial FES is completed within 30 days of the children's entry into case management services. After the initial assessment, follow-up assessments are completed annually, as long as the child remains enrolled in services and upon exit from case management service. The follow up intervals are determined from the date of the initial (baseline) assessment (i.e., the first follow-up is completed 12 months from the date of the initial assessment, and administered annually thereafter). If an assessment is completed outside the interval time period, the administration must be checked as "other" and then resumed on the regular schedule based on the date of the initial (baseline) assessment. Each follow-up assessment should be completed within a 30-day window of the target follow-up date.

(*check with BDS for appropriate use with 19 & 20 year olds)

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Preparation and Transmission of Screening Data to BDS CALOCUS, CAFAS, CHAT and FES Summary Form Descriptive Definitions	
Client ID: Unique identifier of child/adolescent being assessed. The 8 character unique identifier is composed of the first letter of the child/adolescent's last name, the first letter of the child/adolescent's first name and date of birth. The unique identification number must be placed in the space provided on each CALOCUS, CHAT & FES Scoring Sheet. For example: Sara Jones who has a birth date of 07/28/92 would be: JS072892	
Date Assessed: Date screening tools completed whether initial screening or update;	
Service Start Date: Date child/adolescent began receiving Level II case management, Section 24 or 65H services	
Case Number: Agency assigned case number (<i>If applicable</i>);	
MaineCare Number: Child/Adolescent's MaineCare ID number (<i>if not applicable, indicate with N/A or Pending in space provided</i>)	
DOB: Child/Adolescent's Date of Birth;	
Gender (M/F): Child/Adolescent's gender;	
Child's Residence (County): Refers to the county in which the child/adolescent currently resides;	
BDS Region: Refers to the region where the child is receiving services.	
Rater Name & ID#: Name of person completing the Assessment and Rater Identification Number;	
Agency/Program Name: Name of agency providing services;	
Administration: Refers to the scheduled assessment period in which tools are being completed <u>Baseline or Entry into Services</u> <i>(1st administration)</i> <u>Annually</u> <i>(every 12-months from initial assessment,</i> <u>Exit from Service</u> <i>Other (use only if assessed date occurs outside designated follow-up interval time period)</i> <u>Crisis Services</u> (only use Entry into Service interval)	
Service/Program: Refers to the service/program (i.e., MH Case Management; MR Case Management; Crisis Services, Section 65H-BHS, Section 24-CHS) the child/adolescent is currently receiving and the program responsible for completing assessments. Age: Refers to the age of child/adolescent receiving services (School age or Birth to 5yrs) Disability Group: Refers to primary diagnostic category (MH, MR, MH/MR, Autism, MR/Developmental Disabilities, Developmental Delays) child/adolescent has been at the time of the assessment. Relationship of Person Completing FES: Refers to family or caregiver (Parent, Guardian, Foster Parent, Other).	
Frequency of Transmission: Copies of completed CALOCUS, CAFAS, CHAT and FES Score Sheets should be mailed to Veronica Dumont (<i>see address below</i>) at the end of every week. Required information may be faxed to the Department if desired. Make sure that individual names are crossed-out on all transmitted copies and use the unique child ID# as described above: Send Forms To: Veronica Dumont BDS #40 SHS, Marquardt Bldg. Augusta, ME. 04333 (telephone: 287-4202 or fax: 287-9915) <u>Training inquiries</u> should be directed to Cindy McPherson at 287-4319: Fax: 287-7571	

